

SERFF Tracking Number: UNUM-125968025 State: Arkansas
Filing Company: Provident Life and Accident Insurance Company State Tracking Number: 41234
Company Tracking Number: EN-1242 (11-08)
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long Term Care
Project Name/Number: /

Filing at a Glance

Company: Provident Life and Accident Insurance Company

Product Name: Individual Long Term Care SERFF Tr Num: UNUM-125968025 State: ArkansasLH
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 41234
Sub-TOI: LTC03I.001 Qualified Co Tr Num: EN-1242 (11-08) State Status: Filed-Closed
Filing Type: Advertisement Co Status: Reviewer(s): Marie Bennett
Author: Jay Burt Disposition Date: 01/07/2009
Date Submitted: 01/06/2009 Disposition Status: Filed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 01/07/2009
State Status Changed: 01/07/2009 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
RE:
Provident Life and Accident Insurance Company
NAIC #565-68195 FEIN # 62-0331200
Individual Long Term Care Advertising
Form Number: LTC-1242 (11-08)

Dear Commissioner:

SERFF Tracking Number: UNUM-125968025 State: Arkansas
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The enclosed brochure is submitted for your review and approval. This brochure is new and does not replace any brochure currently on file with your department. It is intended for presentation and description of Unum's Long Term Care Claims process and will be provided to prospective and/or existing insureds on request.

Form No.: EN-1242 (11-8)

Form Description: Fact about your long term care benefits

Form Type: Claims Information Brochure

Should revisions be made to this material, we will refile for approval with your department.

Thank you for your attention to this filing. If you should have any questions, please feel free to write or contact me at 1-800-974-2266 X55738, via fax at 423-209-3499 or email jburt@unum.com.

Sincerely,

Jay K. Burt

Senior Contract Analyst

Unum Long Term Care Contracts Compliance

Company and Contact

Filing Contact Information

Jay Burt, Senior Contract Analyst

2211 Congress Street

Portland, ME 04122

jburt@unum.com

(207) 575-5738 [Phone]

(423) 209-3499[FAX]

Filing Company Information

SERFF Tracking Number: UNUM-125968025 State: Arkansas
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Provident Life and Accident Insurance CoCode: 68195 State of Domicile: Tennessee
Company
1 Fountain Square Group Code: 565 Company Type:
Chattanooga, TN 37402 Group Name: State ID Number:
(800) 451-8475 ext. [Phone] FEIN Number: 62-0331200

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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: One advertisement form filing = \$25.00
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|---------|----------------|---------------|
| Provident Life and Accident Insurance Company | \$25.00 | 01/06/2009 | 24847662 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------|---------------|------------|----------------|
| Filed | Marie Bennett | 01/07/2009 | 01/07/2009 |

SERFF Tracking Number: UNUM-125968025 *State:* Arkansas
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Disposition

Disposition Date: 01/07/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNUM-125968025 State: Arkansas
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| Item Type | Item Name | Item Status | Public Access |
|----------------------------|--|--------------------|----------------------|
| Supporting Document | AR NAIC Transmittal Form | | Yes |
| Form | Facts about your long term care benefits | | Yes |

SERFF Tracking Number: UNUM-125968025 State: Arkansas
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Form Schedule

Lead Form Number: EN-1242 (11-08)

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|-----------------|-------------|--|---------|----------------------|-------------|---------------------|
| | EN-1242 (11-08) | Advertising | Facts about your long term care benefits | Initial | | | EN-1242 (11-08).pdf |



Facts about your long term care benefits



Our commitment to you

Your long term care insurance from Unum is more than a policy: **it's a promise.** If the time comes that you need to use this coverage, our knowledgeable and experienced benefit professionals will be there to help you every step of the way. And our commitment to you includes a claim process that is thorough, fair, objective and prompt.

This booklet provides answers to the questions most frequently asked about the long term care benefit process. Throughout the booklet, we refer to "you," whenever there's an action required. However, if at the time you need to file a claim you are not well enough to follow these steps, Unum will work with your legally designated representative (such as someone to whom you have granted legal power of attorney) who can do so for you.

Long term care insurance policies are underwritten by:
Provident Life and Accident Insurance Company
1 Fountain Square, Chattanooga, TN 37402
First Unum Life Insurance Company
99 Park Avenue, 6th Floor, New York, NY 10016
Unum Life Insurance Company of America
2211 Congress Street, Portland, ME 04122

Frequently asked questions about the long term care benefits process

How do I know if my medical condition has reached a point that I should file a claim for benefits?

You are eligible for long term care benefits when you become chronically ill or disabled, and one or both of these statements is true:

- Without substantial assistance from another person, you are unable to perform at least two Activities of Daily Living (ADLs) such as:
 - Eating
 - Bathing
 - Continence
 - Dressing
 - Toileting
 - Transferring
- You suffer from a severe cognitive impairment that requires substantial supervision by another person to protect you from threats to your health and safety.

The ADL loss must be expected to last for at least 90 days, as certified by a Licensed Health Care Practitioner. Every 12 months, a Licensed Health Care Practitioner must check your condition and recertify your ADL loss. The long term services you receive must be provided according to a written plan of care developed by your Licensed Health Care Practitioner.

My plan has an “elimination period.” What does that mean?

An elimination period is a specified number of days that you must receive long term care services before you begin receiving benefits from your policy. This is usually between 60 and 90 days.

Do I have to wait until that period is up before I file a claim?

No. Once you lose your ability to perform two or more ADLs or you suffer a severe cognitive impairment, and you are receiving care covered under your policy, you should file a claim. Once we receive your claim form, we can begin gathering the medical information we need to make a benefit determination.

Where can I find the claim form I need?

Just call our LTC Benefit Center at 1-800-693-4988 and we will fax or mail a claim form to you within two business days. Or visit our website at unum.com.

What is the process for filing a claim?

First, it's important to fully complete the claim form. You can attach additional pages if you need more space to fully describe your condition and care needs. The claim form must be signed by you, or by a legally designated representative, who must provide a copy of the appropriate legal papers. Your physician's signature is not required.

Your signature allows us to request information, such as:

- Physician and hospital records;
- Home health care agency or facility notes;
- Caregiver records or interview by telephone; or
- A functional assessment.

If we have difficulty obtaining your medical records, we may request your assistance to help speed the process.

Within three days of receiving your claim we will send a letter verifying the receipt and we will assign a Benefit Specialist to your claim. The Benefit Specialist will review your form and give you a call if any further information is needed.

What is a Benefit Specialist?

Unum's Benefit Specialists are trained professionals with in-depth knowledge of long term care issues who are responsible for coordinating all aspects of a claim.

Your Benefit Specialist initiates requests for copies of medical records or other necessary documents and will keep you and your family informed during the claim process. You can expect to receive a status letter from your Benefits Specialist every 21 days.

Is there anyone else I can talk to?

Yes. Our long term care benefits center includes customer service representatives who have extensive LTC knowledge and claims experience. Just call 1-800-693-4988.

We value your time. If you contact us before 3 p.m. ET, you'll hear back from us the same day. If you contact us after that time, you'll hear back from us the next day, by 10 a.m. in your time zone.

How long does it take to get an answer about my claim?

On average, it takes four to six weeks from the time we receive your completed and signed claim form to the final decision. Each claim is unique, so your actual time may vary.

Once a claim decision is made, the Benefit Specialist will call you within one business day and will follow up with a clearly written explanation of the decision.

How does Unum decide if I am eligible to receive benefits?

A Benefit Specialist thoroughly reviews all the information relevant to your claim. The information about your medical condition, level of care and length of time you are expected to need care is then compared with the provisions of your policy.

For example: If your LTC policy includes a home care option, and you prefer not to go to a nursing facility, we can pay a benefit for that home care, according to the terms of the policy.

Another example: If your physician believes you will need short-term care for just a few weeks, and your plan has an elimination period of 90 days, you would not be eligible for a long term care benefit.

The final claims decision may also include input on your medical condition from our in-house medical staff. If we have difficulty obtaining medical records, we may request assistance from you or your representative to expedite this process.

What role could the medical staff play in my claims decision?

The on-site physicians and nurses on our medical staff interpret and clarify medical conditions, reports and tests. Use of these specialty resources help ensure unbiased and accurate claims decisions are made.

I've heard of a "functional assessment" — what is that?

A functional assessment is a face-to-face meeting between someone who has filed a claim and a medical professional, to further evaluate ADL loss or cognitive impairment. Assessments are not necessarily performed on every claim. If you do need an assessment, your Benefits Specialist will notify you, and it will be performed by a professional near your home.

Anything else I need to know?

Some policies require that you send in additional documentation. If you have a tax-qualified plan, the federal government requires that your Licensed Health Care Practitioner must certify that your disability is expected to last a minimum of 90 days.

You will also be required to submit a Plan of Care developed by your Licensed Health Care Practitioner. Please see your contract (under "Claim Information" section) for specific requirements.

And know you can count on Unum. As a leading provider of long term care benefits to employees in today's workforce, we are always looking for ways to serve you better.

This is not intended to be a complete description of the Long Term Care insurance policy and some coverage options may not be available in all states. The insurance policy has exclusions and limitations that may affect any benefits payable. For costs and complete details of coverage, refer to Policy Forms LTC03, LTC03F, LTCP03, LTCP03F, LTCT03, LTCT03F, RLTC03, RLTC03F, RLTCP03 or RLTCP03F (underwritten by Provident Life and Accident Insurance Company), LTC99, LTC99Q, LTC99Q2, LTC99Q3, TQGLTC95, TQGLTC95ER, TQB.LTC, GLTC04 or RGLTC04 (underwritten by Unum Life Insurance Company of America) or contact your insurance agent or Unum representative. In Idaho, Oklahoma and Virginia refer to LTC03, LTCP03, LTCT03, RLTC03 or RLTCP03 (underwritten by Provident Life and Accident Insurance Company) TQGLTC95, GLTC04 or RGLTC04 (underwritten by Unum Life Insurance Company of America). In Florida refer to LTC03, LTCP03, LTCT03, RLTC03, RLTCP03, (underwritten by Provident Life and Accident Insurance Company) TQB.LTC, GLTC04 or RGLTC04 (underwritten by Unum Life Insurance Company of America). In Texas refer to LTC03, LTCP03, LTCT03, LTC03A5, LTCP03A5, LTCT03A5, LTC03A10, LTCP03A10, LTCT03A10, RLTC03, RLTC03A5, RLTC03A10, RLTCP03, RLTCP03A5 or RLTCP03A10 (underwritten by Provident Life and Accident Insurance Company) TQGLTC952, GLTC04 or RGLTC04 (underwritten by Unum Life Insurance Company of America). In New York refer to GLTC04 or RGLTC04 (underwritten by First Unum Life Insurance Company).

First Unum Life Insurance Company and Unum Life Insurance Company of America has sole financial responsibility for all claims arising from the policy forms listed above and identified by the underwriting company. Unum Group and its other insuring subsidiaries bear no financial liability.

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Long Term Care insurance is underwritten by:

Provident Life and Accident Insurance Company 1 Fountain Square, Chattanooga, TN 37402

First Unum Life Insurance Company, 99 Park Avenue, 6th Floor, New York, NY 10016.

Unum Life Insurance Company of America, 2211 Congress Street, Portland, ME 04122

unum.com

EN-1242 (11-08)

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: AR NAIC Transmittal Form

01/06/2009

Comments:

Attachment:

AR NAIC Transmittal Form.pdf

Life, Accident & Health, Annuity, Credit Transmittal Document (Revised 1/1/06)

| | | |
|-----------|----------------------------------|-----------------|
| 1. | Prepared for the State of | ARKANSAS |
|-----------|----------------------------------|-----------------|

| | | |
|-----------|----------------------------|--|
| 2. | Department Use Only | |
| | State Tracking ID | |
| | | |

| 3. | Insurer Name & Address | Domicile | Insurer License Type | NAIC Group # | NAIC # | FEIN # |
|----|---|----------|----------------------|--------------|--------|------------|
| | Provident Life and Accident Insurance Company One Fountain Square Chattanooga, TN 37402 | TN | | 416 | 62235 | 01-0278678 |

| 4. | Contact Name & Address | Telephone # | Fax # | E-mail Address |
|----|--|-----------------|----------------|----------------|
| | Jay K. Burt Senior Contract Analyst Unum 2211 Congress Street Portland, ME 04122 | (207) 575-57386 | (423) 209-3499 | jburt@unum.com |

| | | |
|-----------|------------------------------|---|
| 5. | Requested Filing Mode | <input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain) : _____ |
|-----------|------------------------------|---|

| | | |
|-----------|--------------------------------|-----------------|
| 6. | Company Tracking Number | EN-1242 (11-08) |
|-----------|--------------------------------|-----------------|

| | |
|-----------|--|
| 7. | <input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____ |
|-----------|--|

| | | | |
|-----------|---------------|---|--|
| 8. | Market | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise | <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large |
| | | Group | _____ <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ |

| | | |
|-----------|--------------------------|----------------------------------|
| 9. | Type of Insurance | Individual Long Term Care |
|-----------|--------------------------|----------------------------------|

| | | |
|------------|--|----------------------|
| 10. | Product Coding Matrix Filing Code | LTC03G.001 Qualified |
|------------|--|----------------------|

| | |
|---|-------------------------------|
| 18. | Form Filing Attachment |
| This filing transmittal is part of company tracking number | |
| This filing corresponds to rate filing company tracking number | |

| | Document Name | Form Number | | Replaced Form Number |
|----|--|------------------------|--|-------------------------------------|
| | Description | | | Previous State Filing Number |
| 01 | Long Term Care Claims Brochure Facts about your long term care benefits | EN-1242 (11-08) | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 02 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 03 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 04 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 05 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 06 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 07 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 8 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 09 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 10 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 11 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| 12 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |

LH FFA-1

| 19. Rate Filing Attachment | | | | |
|--|---------------|-----------------------|---|------------------------------|
| This filing transmittal is part of company tracking number | | | | |
| This filing corresponds to form filing company tracking number | | | | |
| Overall percentage rate impact for this filing | | | | |
| | Document Name | Affected Form Numbers | | Previous State Filing Number |
| | Description | | | |
| 01 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 02 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 03 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 04 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 05 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 06 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 07 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 08 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 09 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 10 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |

LH RFA-1